



09/539772

102

3.002 *Feeling of nervous tension*

104

110

*Have you often felt on edge or keyed up or mentally strained?*

- What is that like?
- How severe is it?
- Do everyday problems get on top of you?
- Do you tend to startle too easily?

106

There is no need for autonomic accompaniments for this symptom to be rated present though they usually are. Include exaggerated startle response. Feels strain only in relation to real problems = mild. If R says she or he is anxious but does not describe autonomic symptoms, consider rating here.

108

**Glossary definition:**

A feeling of inner restlessness or unease expressed in terms such as 'nerves', 'being on edge', 'being keyed up'. (Being 'up-tight' or 'wound-up' implies a degree of muscular tension as well and the two symptoms commonly co-exist.)

112

**Differentiation from other symptoms:**

'Muscular tension' (item 3.00) is frequently present but it is not the same symptom and should be rated independently. Nervous tension should be differentiated from 'Anxiety' (item 4.0) and 'Anxious foreboding' (item 4.0), for which clear-cut autonomic symptoms must be present.

Normal situational nervousness, such as being keyed up before taking an examination, should be rated 0, not 1.

120**Rating Scale:**122

- 124 0. This is a positive rating of absence. It does not mean 'not known' or 'uncertain whether present or not'. It can only be used if sufficient information is available to establish its accuracy.
- 1. This is a positive rating of presence, but presence of such a minor degree that it is not appropriate for use in classification. Like (0), it does not mean 'not known' or 'uncertain'. Ratings of (1) count in scores, which in turn influence the level allocated on the Index of Definition.
- 2. This rating means that the item is present at a level sufficient to use in classification. For this purpose it is equivalent to 3, but it contributes less to scores. In general, it is used when symptoms are of moderate severity during most of the period being assessed.
- 3. A rating of (3) is similar to (2) except that the symptom is present in severe form for most of the period under review.
- 5. The presence of psychotic symptoms can make the rating of Part One items very difficult, because of problems in interpreting the meaning of what R says, or because the symptoms (for example, anxiety or a phobia about leaving one's house) may themselves be based in psychotic experiences. The rating should only be made when there is genuine doubt about the nature of the symptom or the balance is in favor of the symptom being psychotic.
- 8. If, after an adequate examination, the interviewer is still not sure whether a symptom is present (rated 1-3) or absent (rated 0), the rating is (8). This is the only circumstance in which (8) is used. It should not be used to indicate a mild form of the symptom.
- 9. This rating is only used if the information needed to rate an item is incomplete in some respect, for example because of language or cognitive disorder, or lack of cooperation, or because the interviewer forgot to probe sufficiently deeply. It is distinguished from (8) because the examination was not, for whatever reason, carried out adequately.

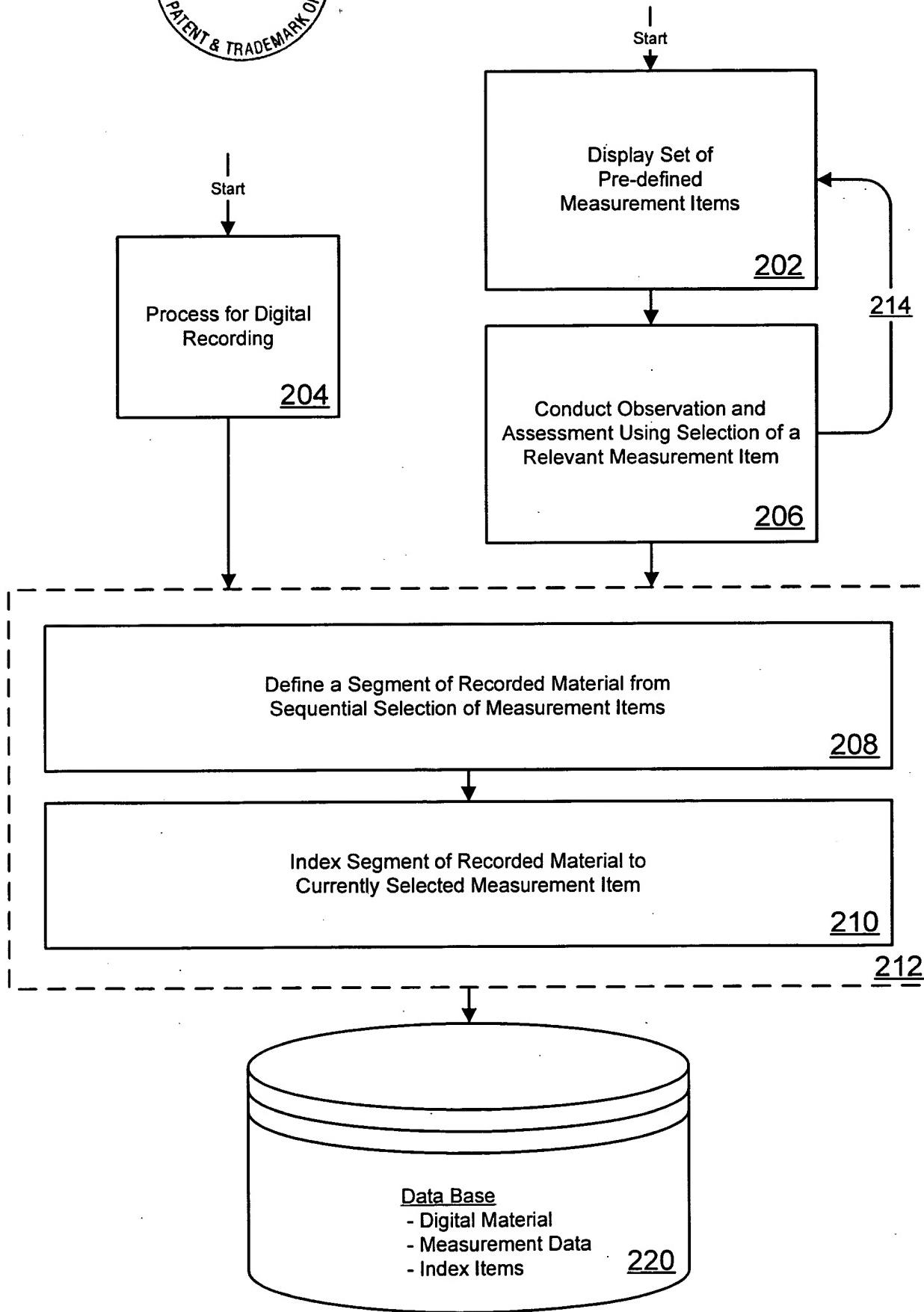
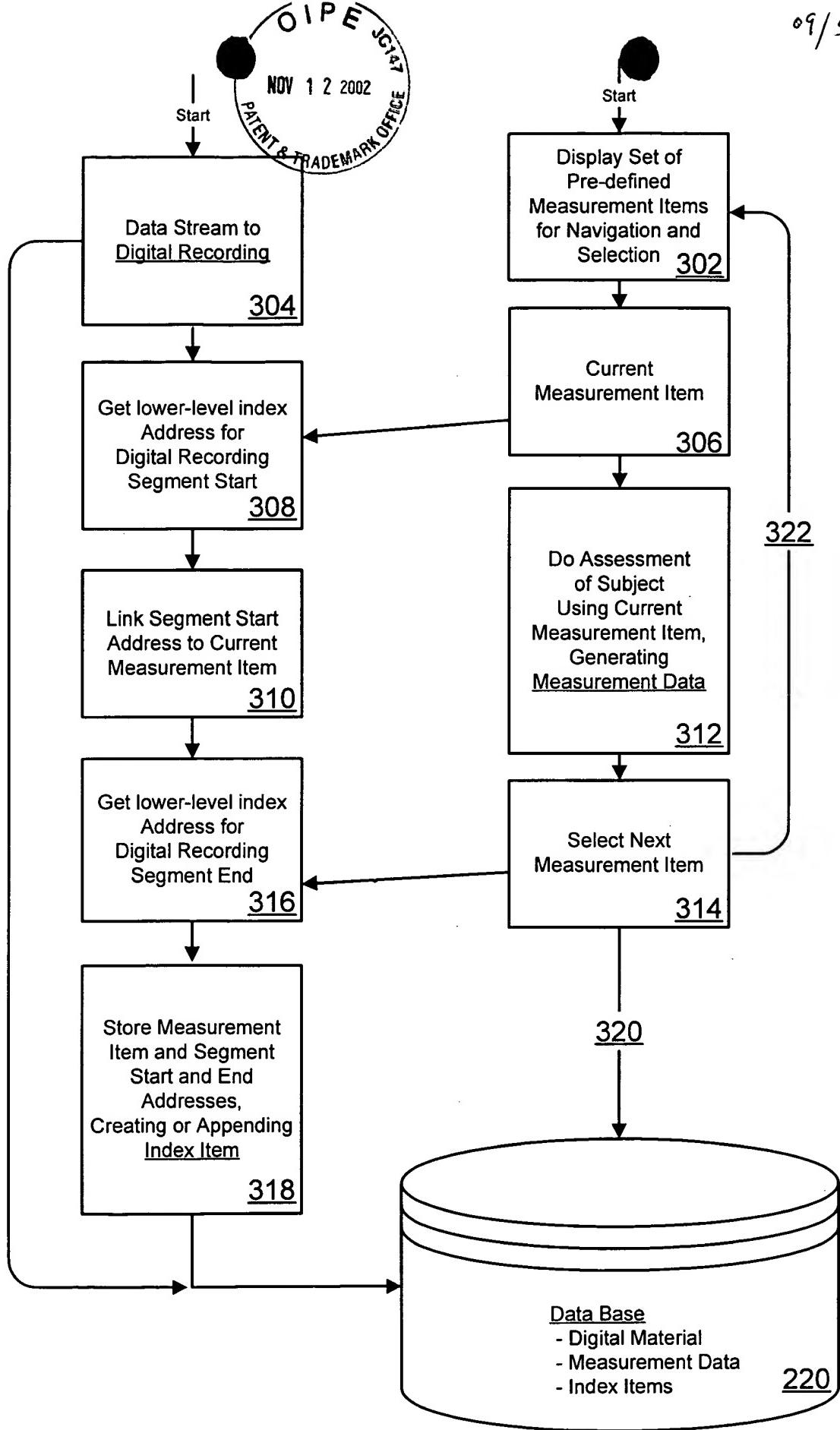


FIG. 2



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**FIG. 3A**



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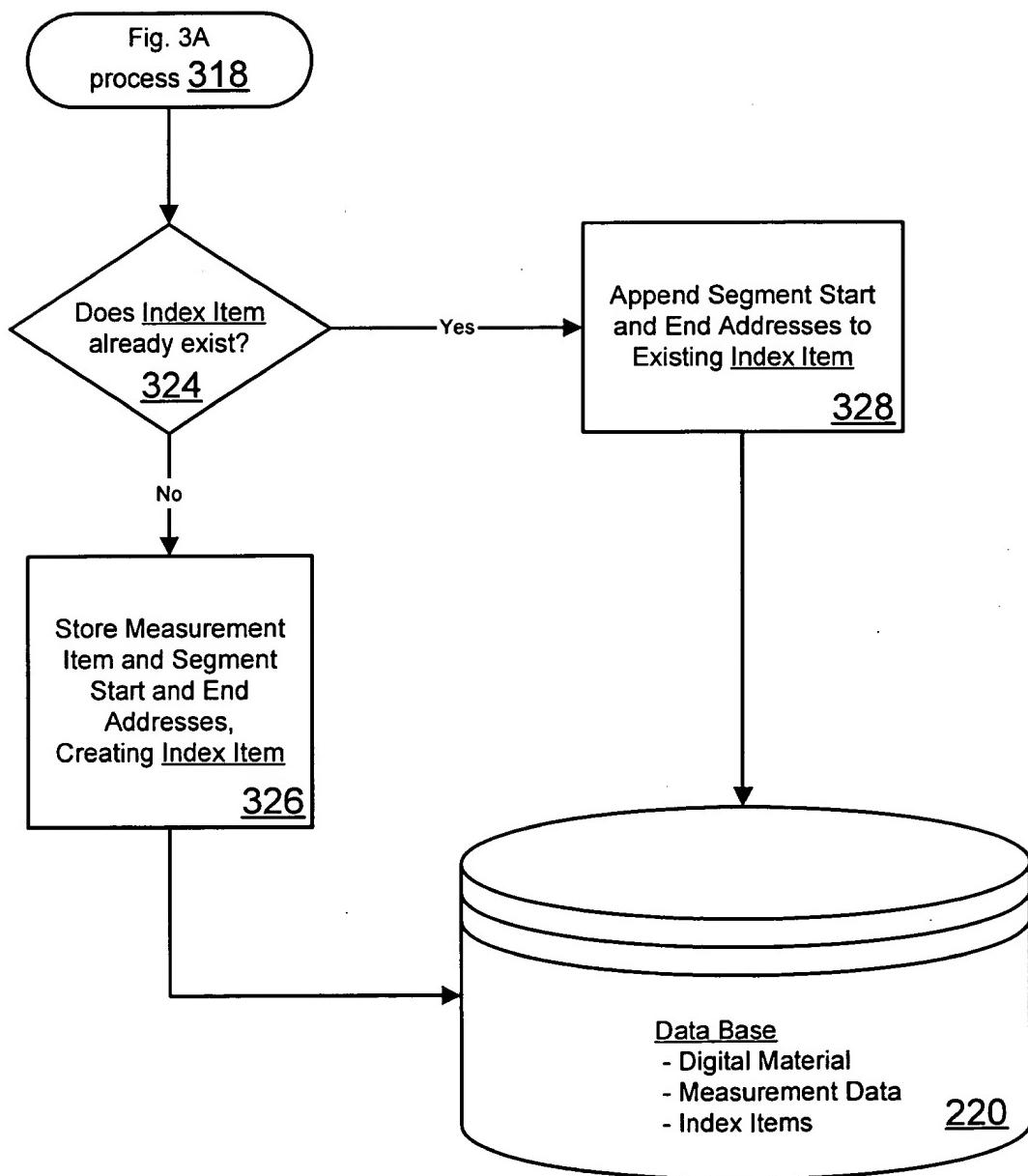


FIG. 3B



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Start

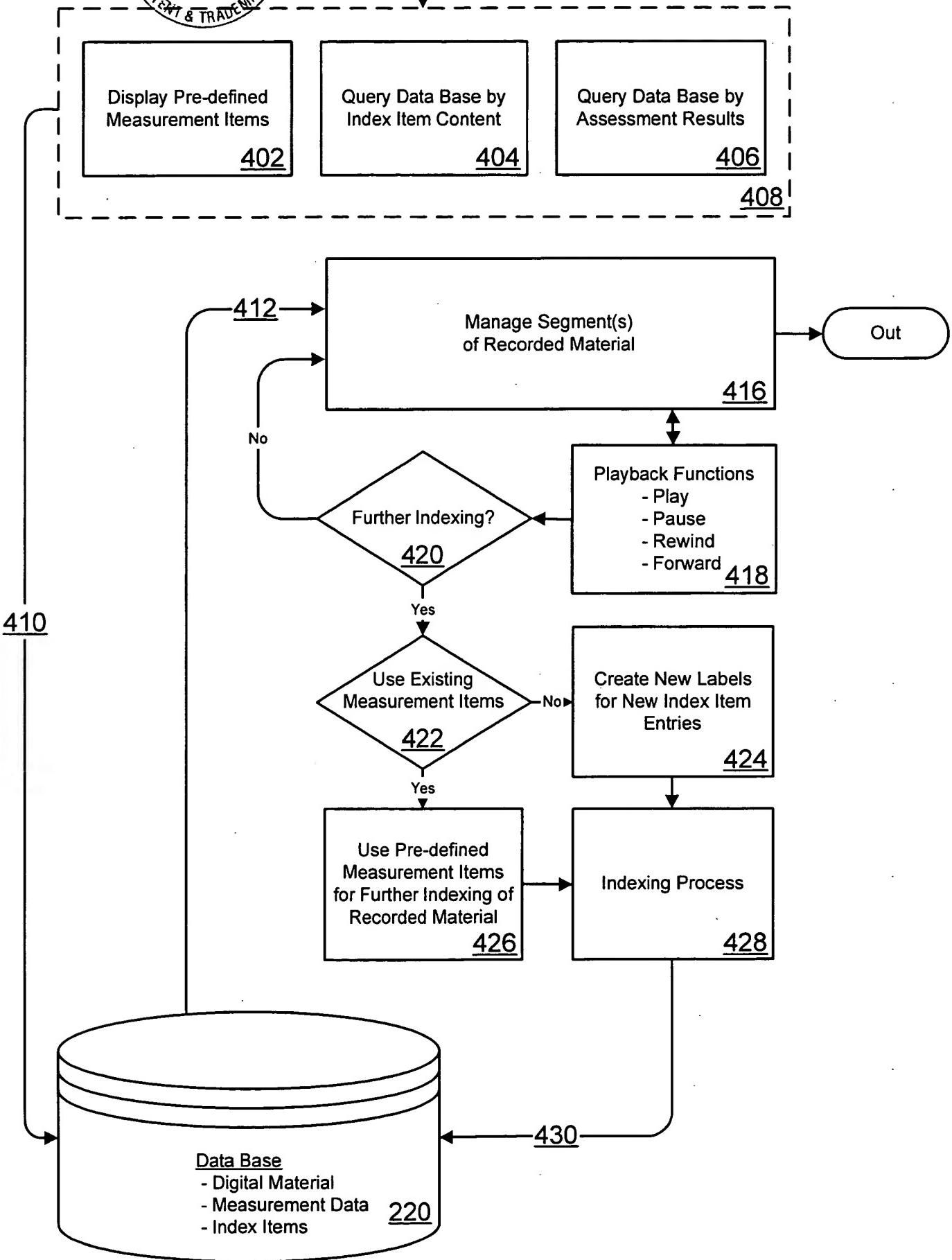
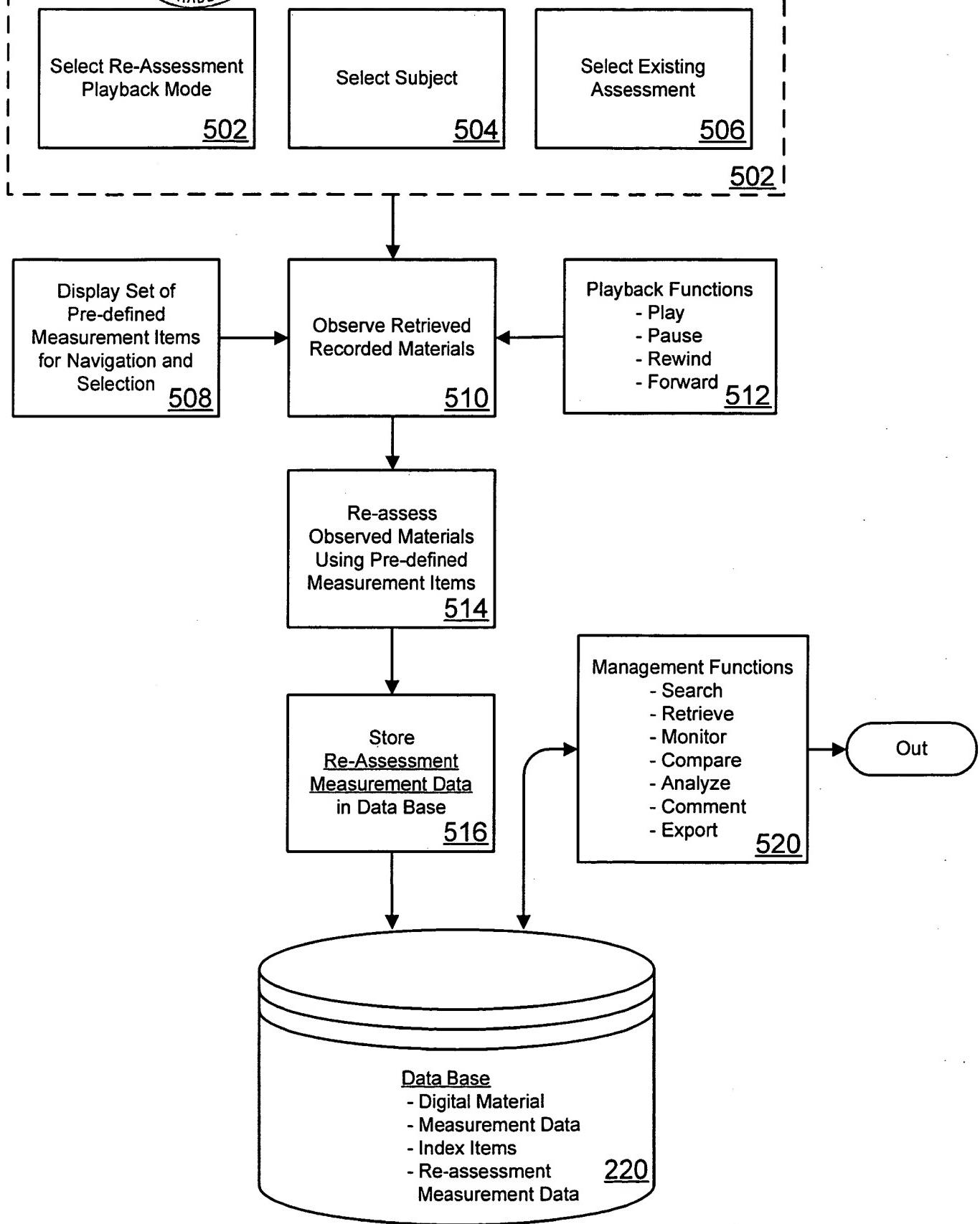


FIG. 4



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**FIG. 5**



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<div style="border: 1px solid black; padding: 10px; background-color: #f9f9f9;"> <p><b>CliniMetrics</b></p> <p>File Administration Interview Tools View Help</p> <p>0   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18   19   20   21   22   23   24   25   26   27  </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>Item</th> </tr> </thead> <tbody> <tr><td>3.001</td><td>Worrying</td></tr> <tr><td>3.002</td><td>Feeling of nervous tension</td></tr> <tr><td>3.003</td><td>General muscular tension</td></tr> <tr><td>3.004</td><td>Calmness in the face of problems</td></tr> <tr><td>3.005</td><td>Localized tension pains</td></tr> <tr><td>3.006</td><td>Subjectively described restlessness</td></tr> <tr><td>3.007</td><td>Fatigability and exhaustion</td></tr> <tr><td>3.008</td><td>Sensitivity to noise</td></tr> <tr><td>3.009</td><td>Irritability</td></tr> <tr><td>3.010</td><td>Simple ideas of reference</td></tr> <tr><td>3.011</td><td>Suspiciousness</td></tr> <tr><td>3.012</td><td>Depersonalization and derealization</td></tr> <tr><td>3.013</td><td>Non-delusional jealousy</td></tr> <tr><td>3.014</td><td>Timing of PERIOD/s of Section 3</td></tr> <tr><td>3.015</td><td>Inference with activities due to</td></tr> <tr><td>3.016</td><td>Organic cause of symptoms in Section 3</td></tr> <tr><td>3.017</td><td>Identify organic cause of Section 3</td></tr> </tbody> </table> <p><b>Section Worrying, tension, etc.</b></p> <p><b>Item 3.002 Feeling of nervous tension</b></p> <p>Item Information   Section Information   DSM-IV Diagnostic status   ICD-10 Diagnostic status</p> <p>Have you often felt on edge or keyed up or mentally strained? What is that like? How severe is it? Do everyday problems get on top of you? Do you tend to startle too easily?</p> <p>There is no need for autonomic accompaniments for this symptom to be rated present though they usually are. Include exaggerated startle response. Feels strain only in relation to real problems = mild. If R says she or he is anxious but does not describe autonomic symptoms, consider rating here.</p> <p><b>Item Glossary</b></p> <p>A feeling of inner restlessness or unease expressed in terms such as 'nerves', 'being on edge', 'being keyed up'. (Being 'uptight' or 'wound-up' implies a degree of muscular tension as well and the two symptoms commonly co-exist)</p> <p>Nervous tension is a state of arousal that has three basic characteristics of many non-specific and neurotic symptoms - it is unpleasant, not under voluntary control and not fully explicable in situational terms. There is likely to be an exaggerated startle response. Autonomic symptoms such as are dealt with in Section 4 may or may not be frankly present; they are not a requirement for the symptom. Nervous tension is not linked to any particular mental content though it often does accompany symptoms such as worry and anxiety, and may appear as a precursor to them.</p> <p><b>Differentiation from other symptoms:</b></p> <p>'Muscular tension' (item 3.003) is frequently present but it is not the same symptom and should be rated independently. Nervous tension should be differentiated from 'Anxiety' (item 4.023) and 'Anxious foreboding' (item 4.024), for which clear-cut autonomic symptoms must be present.</p> <p>Normal situational nervousness, such as being keyed up before taking an examination, should be rated 0, not 1.</p> <p><b>Section</b></p> <p>Previous Next Item Previous Next History Back Forward</p> <p>Item Number: <input type="text"/> Go Item Text: <input type="text"/> Search</p> <p>Period Onset Offset Rating Attributes Comment</p> <p>PM 10/3/2002 10/31/2002 LB(PM) 8/26/2000 10/3/2002</p> <p>You are offline but logged in locally to the Center "Default Center." Project : Default Project; Interviewer : supervisor; Subject : Subject Default 9:57 AM</p> </div>								Number	Item	3.001	Worrying	3.002	Feeling of nervous tension	3.003	General muscular tension	3.004	Calmness in the face of problems	3.005	Localized tension pains	3.006	Subjectively described restlessness	3.007	Fatigability and exhaustion	3.008	Sensitivity to noise	3.009	Irritability	3.010	Simple ideas of reference	3.011	Suspiciousness	3.012	Depersonalization and derealization	3.013	Non-delusional jealousy	3.014	Timing of PERIOD/s of Section 3	3.015	Inference with activities due to	3.016	Organic cause of symptoms in Section 3	3.017	Identify organic cause of Section 3
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FIG. 6A



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**CliniMetrics**

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First 5 Tracks Previous Rewind Play Forward Next +5 Tracks Last

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**Section Worrying, tension, etc.**

**Item 3.007 Fatigueability and exhaustion**

[Item Information](#) [Section Information](#) [DSMV Diagnostic status](#) [ICD-10 Diagnostic status](#)

Have you been getting exhausted and worn out during the day, even when you haven't been working very hard?  
Exclude hypersomnia 8.016.

Unduly tired = mild. Feels worn out, effort to carry on = moderate. Completely exhausted = severe.

**Item Glossary**

A symptom often accompanying, and in part due to, symptoms such as 'Muscular tension' (3.003), 'Restlessness' (3.006), and 'Worrying' (3.001). It should be rated independently. Three common criteria for a non-specific symptom should be met: subjects experience the fatigue as unpleasant, they are unable voluntarily to overcome it and it is inappropriate to the situation they find themselves in. Thus tiredness and sleepiness at the end of a hard day's work, or due to the after-effect of influenza, would not count. The tiredness is essentially a sense of mental and physical fatigue; worn out, lethargic, heavy - not merely sleepy. It can, however, accompany chronic loss of sleep. The most intense form of the symptom is exhaustion.

**Differentiation from other symptoms:**

Although it is possible to fall asleep as the result of being immobilized by physical fatigue, the symptom should be distinguished from sleepiness, and still more from hypersomnia (see item 8.016).

Excessive fatigue following exercise is rated at items 2.087, 2.088, and 2.042. If tiredness is due to a physical cause, including medication or a viral infection, rate etiologic attribution.

**Table: Rating Description**

Score	Rating Description
0	This is a positive rating of absence. It does not mean 'not known' or 'uncertain whether present or not'. It can only be used if sufficient information is available to establish its accuracy.
1	This is a positive rating of presence, but presence of such a minor degree that it is not appropriate for use in classification. Like (0), it does not mean 'not known' or 'uncertain'. Ratings of (1) count in scores (but not for diagnostic purposes), which in turn influence the level allocated on the Index of Definition.
2	This rating means that the item is present at a level sufficient to use in classification. For this purpose it is equivalent to 3, but it contributes less to scores. In general, it is used when symptoms are of moderate severity during most of the period being assessed.
3	A rating of (3) is similar to (2) except that the symptom is present in severe form for most of the period under review.
5	The presence of psychotic symptoms can make the rating of Part One items very difficult, because of problems in interpreting the meaning of what R says, or because the symptoms (for example, anxiety or a phobia about leaving one's house) may themselves be based in psychotic experiences. The rating should only be made when there is genuine doubt about the nature of the symptom or the balance is in favor of the symptom being psychotic.
8	If, after an adequate examination, the interviewer is still not sure whether a symptom is present (rated 1-3) or absent (rated 0), the rating is (8). This is the only circumstance in which (8) is used. It should not be used to indicate a mild form of the symptom.
9	This rating is only used if the information needed to rate an item is incomplete in some respect, for example because of language or cognitive disorder, or lack of cooperation, or because the interviewer forgot to probe sufficiently deeply. It is distinguished from (8) because the examination was not, for whatever reason, carried out adequately.

Period Onset Offset Rating Attributes Comment

PM 10/3/2002 10/31/2002

LB(PM) 8/26/2000 10/3/2002

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FIG. 6B